## **EXHIBIT A**

TO MOTION IN LIMINE (DEFENDANT'S PROPOSED EXHIBITS WITH REDACTIONS)





October 01, 2015 through October 30, 2015 Account Number:

000000912

### **IMAGES**

ACCOUNT # 00000091:

See both front and back images of cleared checks at Chase.com. If you're not enrolled in this free service, please enroll now.



001470103765 OCT 05 #0000005955 \$2,450.00



004790118663 OCT 15 #0000005957 \$900.00



006090759718 OCT 23 #0000005959 \$14,000.00



002590063847 OCT 26 #0000005961 \$9,460.00



002290624224 OCT 01 #0000033354 \$108.00



006170040017 OCT 13 #0000005956 \$15,100.00



008270085637 OCT 19 #0000005958 \$500.00



006090759719 OCT 23 #0000005960 \$4,000.00



001090945771 OCT 26 #0000005962 \$35.00



007370751823 OCT 06 #0000033397 \$10,640.00

State Street Truck Stop Inc.

9126 South State Street Sandy, UT 84070

### Invoice

Date	Invoice #
10/13/2015	1981

Bill To	143120
1548 HIGH AVE SALT LAKE CITY UT 84104	401

	Amount
14 HUNDAI ELANTRA SILVER SALES TAX 14 HYUNDAI ELANTRA SILVER Service Contract ELANTRA Service Contract ELANTRA Sales Tax	16,572.12T 1,268.07 700.00T 2,500.00T 0.00
	1541
	SALES TAX 14 HYUNDAI ELANTRA SILVER Service Contract ELANTRA Service Contract ELANTRA

**Total** 

\$21,040.19





August 01, 2015 through August 31, 2015
Account Number: 000000912497878

ACCOUNT # 000000912497878

### IMAGES

(continued)

See both front and back images of cleared checks at Chase.com. If you're not enrolled in this free service, please enroll now.



004990541912 AUG 10 #0000033216 \$5,331.00



004790846507 AUG 18 #0000033219 \$11,850,00



003680039423 AUG 14 #0000033222 \$280.00



005690798867 AUG 10 #0000033224 \$3,500.00



003580417354 AUG 12 #0000033226 \$297.50



009070008053 AUG 07 #0000033218 \$1,165.00



004180750105 AUG 20 #0000033221 \$5,720.00



004590880721 AUG 25 #0000033223 \$46.00



003290905633 AUG 13 #0000033225 \$10,563.81



003290990124 AUG 21 #0000033227 \$350.00

State Street Truck Stop Inc.

9126 South State Street Sandy, UT 84070



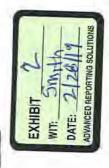
Date	Invoice #
8/6/2015	1839

Bill To	7120
8754 A ALTAIR DR SANDY UT 84093	0.00

	Item	Description	Amount
824212 Service Contract Service Contract		14 NISSAN VERSA BLACK SALES TAX 14 NISSAN VERSA BLACK Service Contract Service Contract Sales Tax	12,020.00T 964.41 1,495.00T 795.00T 0.00

Total

\$15,274.41



PAYER'S name, street address, city or foreign postal code, and telepho		e or province,	country, ZIP	1 Rents	OME No. 1545-0115	
STATE STREET TRUCK STOP INC.			\$	2015	Miscellaneous	
126 SOUTH STATE ST				2 Royalties	4010	Income
3				\$	Form 1099-MISC	
			3	3 Other income	4 Federal income tax withhe	ld Copy C
				\$	\$	For Payer
PAYER'S federal identification numb	er RECIPIEN	T'S identificat	ion number	5 Fishing boat proceeds	6 Medical and health care paymen	nts
27				s	\$	
RECIPIENT'S name	4-		-	7 Nonemployee compensation	8 Substitute payments in lieu	of Ear Orignou Act
MELISSA ROBERTS					dividends or Interest	For Privacy Act and Paperwork
ITAH CREDIT APPROVA			2			Reduction Act
Street address (including apt. no.)		-	-	\$	\$	Notice, see the
City or town, state or provinge, cou	ntry, and ZIP	or foreign posi	al code	9 Payer made an extreme of \$5,000 or more of consumer products to a buyer (recipient) for resale	10 Crop insurance proceeds	2015 General Instructions for Certain
ony or town, state or province, con	,,	-1 14141911		11	12	Information Returns.
		FATCA filing	2nd TIN not.	13 Excess golden parachute payments	14 Gross proceeds paid to a attorney	n
Account number (see instructions)		STATE STATE STATE OF THE				1
Account number (see instructions)				S	\$	1
Account number (see instructions)  15a Section 409A deferrals	15b Section	on 409A Incom	e	\$ 16 State tax withheld \$	\$ 17 State/Payer's state no.	18 State income \$

9595	□ VOID □ CORRE	OTED		
PAYER'S name, street address, city or foreign postal code, and tsiephone STATE STREET TRU		1 Rents	омв но. 1845-0115 20 6 6	Miscellancoua
		2 Royalties	Form 1889-1880	inabine
		3 Other Incoma \$	4 Federal income tax withheld	Clapsy A For
PAYER'S federal identification number	RECIPIENT'S Identification number	5 Fishing boat proceeds	S Niedical and health care payments	Internal Revenue Service Genter
87-	81-	s	8	File with Form 1098.
RECIPIENT'S name MELISSA ROBERTS UTAH CREDIT APPR	OVAL	7 Nonempicyes compensation	8 Substitute payments in lieu of dividends or interest	and Paperwork Reduction Act
Street address (including apt. no.)		S Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance proceeds	Notice, see the 2018 Genera Instructions for
City o	try, and ZIP or foreign postal code	products to a buyer (recipient) for resale to	\$ 112	Gertain Information Returns
Account number (see instructions)	FATCA filing 2nd TIN.not requirement	13 Excess golden parachule payments	14 Gross procesds paid to an attorney  \$	
15a Section 409A deferrals	155 Section 409A income	16 State tax withheld	17 State/Payer's state no.	18 State income
	1			[3

	☐ VOID ☐	CORRE	CTED	-		
PAYER'S name, street address, city of foreign postal code, and telephone STATE STREET TRUC	no.	country, ZIP	\$ 2 Royalties	OMB No. 1545-0115 2017 Form 1099-MISC		Miscellaneous Income
			3 Other income	4 Federal income tax	withheld	Copy C
PAYER'S federal identification number	RECIPIENT'S identification	on number	5 Fishing boat proceeds	6 Medical and health care	payments	For Payer or State Copy or Copy 2
87—	81-		\$	\$		
RECIPIENT'S name, street address, city or town, sta MELISSA ROBERTS UTAH CREDIT APPRO		reign postal code	7 Nonemployee compensation	8 Substitute payments dividends or interest		For Privacy Act and Paperwork Reduction Act Notice, see the
	В		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ▶	10 Crop insurance pro	ceeds	2017 General Instructions for Certain
			11	12		Information Returns.
Account number (see instructions)	FATCA filing requirement	2nd TIN not,	13 Excess golden parachute payments	14 Gross proceeds par attorney	id to an	
15a Section 409A deferrals	15b Section 409A income		16 State tax withheld \$	17 State/Payer's state	no.	18 State income \$
\$ Form <b>1099-MISC</b> LMC/LM	\$		\$	1	********	\$

	□ VOID □	CORRE	CTED			
PAYER'S name, street address, city or foreign postal code, and telephon		country, ZIP	1 Rents \$ 2 Royalties	OMB No. 1545-0115 2018 Form 1099-MISC		Miscellaneous Income
			3 Other income \$	4 Federal income tax v		Copy C For Payer
PAYER'S TIN	RECIPIENT'S TIN		5 Fishing boat proceeds	6 Medical and health care	payments	or State Copy or Copy 2
RECIPIENT'S name, street address, city or town, st MELISSA ROBERTS UTAH CREDIT APPRO		reign postal code	7 Nonemployee compensation	8 Substitute payments dividends or interest		For Privacy Act and Paperwork Reduction Act Notice, see the
			9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ►	10 Crop insurance pro-	ceeds	2018 General Instructions for Certain
	12		11	12		Information Returns.
Account number (see instructions)	FATCA filing requirement	2nd TIN not.	13 Excess golden parachute payments	14 Gross proceeds pai attorney	id to an	
15a Section 409A deferrals	15b Section 409A income		16 State tax withheld \$	17 State/Payer's state	по.	18 State income \$
\$ Form 1099-MISC LMC/LN	(5)	/Form1099N	\$  ISC 5112	Department of the T	recolled.	S  - Internal Revenue Service

Void a Employee's social security number	Copy D — For Employer OMB No. 1545-0008	
b Employer identification number (EIN)	1 Wages, tlps, other compensation	2 Federal Income tax withheld
87-05	00	0
c Employer's name, address, and ZIP code	3 Social security v	4 Social security ta
STATE STREET TRUCK STOP INC.	00	5
	5 Medicare wages	6 Medicare tax with
	7 Social security hps	8 Allocated tips
d	9	10 Dependent care benefits
e Employee's name, address, and ZIP code	11 Nonqualified plans	12a See instructions for box 12
MELISSA J ROBERTS	13 Statutory Hollrement Third-party employee plan sick pay	12b
		g
	14 Other	120
9	1	12d
	1	c .
N.		
15 State Employer's state ID number 16 State wages, tips, etc.	17 State income tax 18 Local wages, tips, etc. 1	9 Local income tax 20 Locality name
UT   124:		
1		
W-2 Wage and Tax REV 12/21/17 QBDT Statement Copy D — For Employer	For F	the Treasury—Internal Revenue Service Privacy Act and Paperwork Reduction Act Notice, see separate instructions

£ 1040	<u>U.S.</u>	Individual Income Tax Re	turn   2015   o	MB No. 1545-0074	IRS Use On	ly Do not write or staple in this space
for the year Jan. t- (	Dec. 31,	2015, or other tax year beginning	, 2015, anding	. 2		See separate instructions.
					ĺ	Your social security number
					ļ	496
					1	Spouse's воски весилту па.
					,	
MELI	SSA	J ROBERTS			}	Make sure the SSN(a) above
					1	and on line 86 are correct.
						Presidential Election Campaign Chack here if you, or your spouse if
					1	filing jointly, want \$3 to go to this fund.
						Checking a box below will not change your tax or
						refund. You Spouse
Iling Status	4	Single	4	Said T		ying person). (See instructions.) If
	2	Married filing jointly (even if only one h	•		onia saina •	but not your dependent, enter this
heck only one ox.	3	Married filing separately. Enter spouse		child's name here.		d and a second a second
10.		and full name here.	5	Qualifying widow		ar-win-war-re-year-wayper-water-re-year-re-year-year-year-year-year-y
xemptions	68	X Yourself. If comeone can claim you	•			on Sa and Sh
more than four pendents, see 🔪 [	b	Dependents:		(3) Dependent's		
st. & chack here	C	` I	(2) Dependent's solai scourity number	ambananahan ta	fying for	hild under on Sc wha: a 17 quair o lived with you child tax o did not live action with you due
(1) First nam	ę.i	Last name St	and makering testings.	White	credit (s	zf te divorce ∩
					<del> </del>	or separation
					<del>                                     </del>	Debendants on ac
					H F	not entered above U
	d	Total number of exemptions claimed				Addinumbers on
	7	Wages, salaries, tips, etc. Attach Form(s)	A. F.	·····		Ines above 7 3
come	•	wages, sametes, ups, etc. Anach rounts				7
	8a	Taxable interest. Attach Schadule B if req	sirad			Sa
	b	Tax-exempt interest. De not include on i	,		,,,,,,	TO DE SANS STATE OF SANS STATE
tach Form(s)	9a	Ordinary dividends. Attach Schedule S If I	L.	····		1 <b>9a</b>
-2 here. Also	b	Qualified dividends		sb	,	City (see )
lach Forms 2G and	10	Texable refunds, credits, or offsets of state	fice.			- Vot 1996 30
-25 and 199-R If tax	11	Alimony received				11
as withheld.	12	Business income or (loss). Attach Schedu				12
	13	Capital gain or (loss). Attach Schedule D i			1	13
	14	Other gains or (losses). Attach Form 4797		•	Service .	14
you did not	15a	IRA distributions 15a		Taxable amount		150
at a W-2,	182	Pensions and annuities 16a		Taxable amount		18b
a instructions.	17	Rental real estate, royalties, partnerships,				17
	18	Farm Income or (loss). Attach Schedule F				18
	19	Unemployment compensation				1 19
	20a	Social security benefits 20s	l n	Taxable amount .		20b
	21	Other income. List type and amount		reading directing		21
	22	Combine the amts. in the far right column	for lines 7 through 21	This is your total i	ncome >	22
dlusted	23	Educator expenses		23		Signification
ross	24	Cartain business expenses of reservists, performing business government officials. Attach Form 2106	ng artists, and	24		
come	25	Health savings account deduction. Attach		25	O-O-O-O-O-O-O-O-O-O-O-O-O-O-O-O-O-O-O-	
	26	Moving expenses. Attach Form 3903	}-	26		
	27	Deductible part of self-employment tax. Attach S	}	27		
	29	Self-employed SEP, SIMPLE, and qualifie		28		
	29	Self-employed health insurance deduction	· .	28		
	30	Penalty on early withdrawal of savings	· -	30	~~~~~	24 C No. 12 a 12
	31a		· h-	31a		
	32	ATAMES TO THE TANK TH		32		1674.2
	33	Student loan interest deduction	ļ	83		
	34	Tuition and fees, Attach Form 8917		34		
	35	Domestic production activities ded. Attach		36		
	4.54	wantered breakfall months of side Utilion)	L-,			\$::5HZ
	36	Add lines 23 through 35				38

CONFIDENTIAL ATTORNEY EYES ONLY

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EXHIBIT AT WIT: M' RINEWES

DATE: 426 19

ADVANCED REPORTING SOLUTIONS

Form 1040 (201	15)	ROBERTS	Page 2
	38	Amount from line 37 (adjusted gross income)	38
Tax and	39a	Check You were born before January 2, 1951, Blind. Total boxes	(A
Credits		if: Spouse was born before January 2, 1951, Blind checked ▶ 39a	
Standard	b	If your spouse itemizes on a separate return or you were a dual-status ation, whech here > 39b	
Deduction	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40
People who	41	Subtract line 40 from line 38	41
check any	42	Exemptions. If line 38 is \$154,030 or less, multiply \$4,000 by the number on line ad. Otherwise, see instructions	42
box on line 39a or 39b or	1	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0	43
who can be	43		
claimed as a dependent,	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c	44
see	45	Alternative minimum tax (see instructions). Attach Form 6251	45
instructions.  All others:	46	Excess activance premium tax credit repayment. Attach Form 8962	46
Single or	47	Add lines 44, 45 and 46	47
Married filing	48	Foreign tax credit. Attach Form 1116 if required	
\$6,300	49	Credit for child & dependent care expenses. Attach Form 2441 48	
Married filing	50	Education credits from Form 8863, line 19	
jointly or	51	Retirement savings contributions credit. Attach Form 8880 51	Construction of Maria Construction of Construction of Construc
Qualifying widow(er),	52	Child tax cradit, Attach Schedule 9812, if required 52 3,000	
\$12,600	53	Heskiential energy credit. Attach Form 5695	
Head of household,	54	Other credits from Form: 2 3800 b 8801 c 54	
\$9,250	55	Add lines 48 through 54. These are your total credits	SE
	66	Subtract line 55 from line 47, If line 55 is more than line 47, enter -0	SG
	57	Self-employment tax. Attach Schedule SE	57
	58	Unreported social security and Medicare tax from Form: a 4137 b 8919	58
Other		Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59
Taxes	59	Additional tax on true, other quantities of the field	
	60a	Household employment taxes from Schedule H	80a
		First-time homebuyer credit repayment. Attach Form 5405 if required	60b
	61	Health care: individual responsibility (see instructions) Full-year coverage [1]	61
	82	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)	62
	<b>63</b>	Add lines 56 through 62. This is your total tax	63
Payments	64	Federal Income tax withheld from Forms W-2 and 1099 64 9,964	12 - 200   12 - 12 - 12 - 12 - 12 - 12 - 12 - 12
	65	2015 estimated tax payments & amt. applied from 2014 return 85	
If you have a	aga	Earned income credit (EIC) 66a	
qualifying child, attach	b	Nontaxable combat pay election	
Schedule EIC.	67	Additional child tax credit. Attach Schedule 8812 67	
	68	American opportunity credit from Form 8663, fine 8 68	
	69	Net premium tex credit. Attach Form 8962	
	70	Amount paid with request for extension to file	Service of the servic
	71	Excess social security and tier 1 RRTA tax withheld	
	72	Credit for federal tax on fuels, Attach Form 4136	
	73	Credity from Form: 8 2439 b Flasarved C 4885 dt 73	
	74	Add lines 64, 68, 66a, and 67 through 73. These are your total payments	74
Ytada	***************************************		
Hetund	76	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you giverpald	75
Direct		Amount of line 75 you want refrancied to you. If Form 8885 is attached, check here	76a
deposit?	≯ b	Routing no. 1 0 1 0 8 9 7 4 2 ▶ € Type: X Checking Savings	
See Instructions.	P di	Account no. 7 6 1 9 1 7 5 6 9 4	FIGURE 1.5
** Next Justin Sch (gra	77	Amt, of line 75 you want applied to your 2016 estimated tax ▶ 77	10 m
Amount	78	Amount you owe. Subtract line 74 from line 53. For details on how to pay, see instructions	78
You Owe	79	Estimated tax penalty (see instructions)	
Third Party	Do yo	u want to allow another person to discuss this return with the IRS (see instructions)?	Complete below.   No
Designee	Design name	oc's ►HRB TAX GROUP INC Phone ► 801-302-0334 Persane identificat	оп ▶ 43970
Sign	Under	penaltiles of perjury, i declare that I have examined this return and accompanying achievoles and statuments, and to the strue, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer.	e bast of my knowledge and bellef,
Here	Y	bur signature   Data   Your occupation	Daytime phone number
Joint return? See instructions		CEO	
Кеер а сору		pouse's signatura. If a joint return, both must sign. Date Spouse's occupation	If the IRS sent you as identity
for your records.	, -,	Obodon sombono	Protection PIN, onter it here (see inst.)
	Eleter	t/Type preparcr's name Preparer's stonature Date	DOTES
Paid		CABC	L # PTIN
Preparer			mployed P00278356
Use Only		's name ► HRB TAX GROUP INC Firm's EIN ►	
		1's address ▶ 10485 S REDWOOD RD Phone no.	45.00
	SOU		the section of the commence of the company of the commence of
www.lrs.anviform	1640	FDA 15 10/102 BWF 1040 Form Software Copyright 1998 - 2016 HRB Tax Group, Inc.	Form 1848 (2015)

#	1.									
	CHEDULE C			Profit or Los	e F	rom Business		1	OMB No. 154	15-0074
(F	orm 1040)					etorehip)		ľ	201	
De	partment of the Treasury	▶ Imform	ation			ite Instructions is at www.irs.g	ov/sche	dulec.	Altachment	J
	rnal Revenue Service (99)					tnerships generally must file !			Sequence N	lo. <b>09</b>
Na	me of proprietor		,				Socia	s securi	ty number (S	
MI	<u>LISSA J ROBI</u>	ERTS					4			
				ng product or service (see in:				THE HOUSE	រ មេខារ កានមិប	ctions
					(II)	NCLUDING SALES F	I	▶ 522	2200	
C	Business name, If no sa			name, leave blank.			DEm	ployer fl	) no. (EIN), (	spe instr.)
	CAH CREDIT A									
乭	Business address (inclu									
	City, town or post office									
	Accounting method:	(1) [	_			er (specify) 🕨				
G H						5? If "No," see instructions for lin				No
€1.						10997 (see instructions)				г.
j						rugar (see instructions)				No
tokookou	alia Income	rou me rou	OHOU E	Willia 10331 Thinks	Challetterman	147			··· X Yes	No
1	CONTRACTOR OF THE PARTY OF THE	. See instr	uctions	for line 1 and check the hox	c if this	s income was reported to you on	T	Т		
-										
2										
3						*************		+	****P-ull-un-u	
4							Inmoran-		CONTRACTOR DESCRIPTION	
5								<del> </del>	**********	
5	Other Income, including	g federal a	nd stat	ie gasoline or fuel tax credit o	or refu	nd (see instructions)	. 6		********	
7	Gross income. Add lin	es 5 and 6	j ,				7		THE PERSONNELLE	
				lor business use of your hor				uf	handaldistituturus	
8	Advertising		8	6,471	18	Office expense (see instruction	s) 18	T		
3	Car and truck expenses	ä			19	Pension & profit-sharing plans	19			
	(see instructions)		9		20	Rent or lease (see instructions)	1483			
10	Commissions and focs		10			Vehicles, machinery, and equipment	20a			
17	Contract labor (see inst		11	8,200	1>	Other business property	. 20b			
12	Depletion		12		21	Repairs and maintenance		<u> </u>		
13	Depreciation and section				22	Supplies (not included in Part III)	-			
	expense deduction (not		l I	:	23	Taxes and licenses		ļ		
14	included in Part III) (see		13		24	Travel, meals, and entertainmen	4.5 m. 128 m.			
	Employee benefit progra (other than on line 19)					Travel	- 24a	ļ		
15	Insurance (other than he		14		ъ	Deductible meets and	0.00			
18	Interest:	eaury	COLUMN TO SERVICE		25	entertainment (see instructions) Utilities		<del> </del>		
	Mortgage (paid to bank	s etc i	18a		26	Wages (less amployment credits).	- mare	<del> </del>		
b	Other		16b			Other expenses (from line 48) -		<b></b>		
17	Legal and professional a	1	17	8,000		Heserved for future use		<del> </del>		
28	NOT THE RESERVOIS ASSESSMENT OF THE PARTY OF	none was represented to the second				ough 276		<del> </del>	THE PERSON NAMED IN COLUMN	
29	Tentative profit or (loss),	Subtract	ine 28	from line 7		**********	. 29		-	
30	Expanses for business u	use of your	home	. Do not report these expens	es els	ewhere. Attach Form 8829			(10) rescuence esp	
	unless using the simplific						-			
	Simplified method files	rs only: or	nier the	total square footage of: (a)	our h	ome:		ĺ		
	and (b) the part of your					. Use the Simplified				
	Method Worksheet in the	e kretructic	ens to f	igure the amount to enter on	line 3	0	30			
31	Not profit or (loss). Sul								THE CONTROL CO	
						and on Schedule SE, ilne 2.				
				tructions). Estates and trusts	, antei	ron Form 1941, ilne 3.	31			
<b></b>	<ul> <li>If a loss, you must ge</li> </ul>									
32	if you have a loss, check	the box ti	hat des	scribes your investment in thi	s activ	ity (see Instructions).		מיים		
				both Form 1940, line 12, (o			32a		estment is at :	
				the box on line 1, see the lin	e 31 h	nstructions).	32b	-	investment (s	ngt
	Estates and trusts, enter							at risk		
Eres !				Form 6198, Your loss may b	e simit	8G.				
FDA				te separata instructions. Copyright 1995 - 2016 HRB Taxi	Pro	ina	Sci	reduje C	(Form 1040)	2015
- wr	10 GF DMC1090	COLEGO	LE   STATES   C	CONTROL 1980 - 2016 H.KE Tax	af Ditta.	MIII.				

Sch	edule C (Form 1040) 2015 ROBERTS			Paga 2
SECURITARIA	Cost of Goods Sold (see instructions)			7 to go w
33	Method(s) used to value closing inventory:  a Cost b Lower of cost or market c Other (at	tach expl	(noitens	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor if "Yes," attach explanation	y?		No
15	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	announcement Mess Well Labourdell (M. Wellenberger	
6	Purchases less cost of items withdrawn for personal use	36		TO THE OWNER OF THE OWNER OWN
7	Cost of labor. Do not include any amounts paid to yourself	37		**********
iā	Materials and supplies growners are respectively and the supplies growners are respectively as a supplier of the supplier of t	38	**************************************	
9	Other costs	39	<del>e-la-ve</del> covición contraction con contractica de la contractica del la contractica del la contractica de la contractica	0.000 and and
0	Add thes 35-through 39	40		
2	Inventory at end of year	41		
measur	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	penses o	n line 9 and	
3	are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you when did you place your vehicle in service for business purposes? (month, day, year)	ru must h	e Form 4562.	
į	Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle	ahiala far		
a.				
	Community (age instructions)	Other		
	Business b Commuting (see instructions) c  Was your vehicle available for personal use during off-duty hours?			☐ No
5		******	Yes	∏ No
5	Was your vehicle available for personal use during off-duty hours?		∏ Yes	<u></u>
5 fa fa	Was your vehicle available for personal use during off-duty hours?  Do you (or your spouse) have another vehicle available for personal use?  Do you have evidence to support your deduction?  If "Yes," is the evidence written?		Yes Yes	∐ No
5 7a b	Was your vehicle available for personal use during off-duty hours?  Do you (or your spouse) have another vehicle available for personal use?  Do you have evidence to support your deduction?  If "Yes," is the evidence written?  Other Expenses, List below business expenses not included on lines 8–26 or line 30.		Yes Yes	□ No
i i	Was your vehicle available for personal use during off-duty hours?  Do you (or your spouse) have another vehicle available for personal use?  Do you have evidence to support your deduction?  If "Yes," is the evidence written?		Yes Yes	□ No
5 7a b	Was your vehicle available for personal use during off-duty hours?  Do you (or your spouse) have another vehicle available for personal use?  Do you have evidence to support your deduction?  If "Yes," is the evidence written?  Other Expenses, List below business expenses not included on lines 8–26 or line 30.		Yes Yes	□ No
i de	Was your vehicle available for personal use during off-duty hours?  Do you (or your spouse) have another vehicle available for personal use?  Do you have evidence to support your deduction?  If "Yes," is the evidence written?  Other Expenses, List below business expenses not included on lines 8–26 or line 30.		Yes Yes	□ No
a Fa	Was your vehicle available for personal use during off-duty hours?  Do you (or your spouse) have another vehicle available for personal use?  Do you have evidence to support your deduction?  If "Yes," is the evidence written?  Other Expenses, List below business expenses not included on lines 8–26 or line 30.		Yes Yes	□ No
i de	Was your vehicle available for personal use during off-duty hours?  Do you (or your spouse) have another vehicle available for personal use?  Do you have evidence to support your deduction?  If "Yes," is the evidence written?  Other Expenses, List below business expenses not included on lines 8–26 or line 30.		Yes Yes	□ No
s s fa b	Was your vehicle available for personal use during off-duty hours?  Do you (or your spouse) have another vehicle available for personal use?  Do you have evidence to support your deduction?  If "Yes," is the evidence written?  Other Expenses, List below business expenses not included on lines 8–26 or line 30.		Yes Yes	□ No
i i	Was your vehicle available for personal use during off-duty hours?  Do you (or your spouse) have another vehicle available for personal use?  Do you have evidence to support your deduction?  If "Yes," is the evidence written?  Other Expenses, List below business expenses not included on lines 8–26 or line 30.		Yes Yes	□ No
5 6 7a b	Was your vehicle available for personal use during off-duty hours?  Do you (or your spouse) have another vehicle available for personal use?  Do you have evidence to support your deduction?  If "Yes," is the evidence written?  Other Expenses, List below business expenses not included on lines 8–26 or line 30.		Yes Yes	□ No
, a	Was your vehicle available for personal use during off-duty hours?  Do you (or your spouse) have another vehicle available for personal use?  Do you have evidence to support your deduction?  If "Yes," is the evidence written?  Other Expenses, List below business expenses not included on lines 8–26 or line 30.		Yes Yes	□ No
o de la companya de l	Was your vehicle available for personal use during off-duty hours?  Do you (or your spouse) have another vehicle available for personal use?  Do you have evidence to support your deduction?  If "Yes," is the evidence written?  Other Expenses, List below business expenses not included on lines 6-26 or line 30.  SINESS TELEPHONE		Yes Yes	□ No

ı.	page   Evnenses for	Aus	iness lise of Y	our Home		OMB No. 1545-0074
Form	**Expenses for   **File only with Schedule C   **Home you use the file o	For	m 1040). Use a separat	e Form 8829 for each		2015
		and it	s seperate instructions	is at www.lrs.gov/form		Attachment Sequence No. 176
	e(s) of proprietor(s)				You	social security no.
and the second	LISSA J ROBERTS					<del></del>
THE REAL PROPERTY.	Part of Your Home Used for Busine		la reconsider for single-		ficació.	
•	Area used regularly and exclusively for business, regularly or product samples (see instructions)				63 194	
-					2	
2	Divide line 1 by line 2. Enter the result as a percentage .				3	
3	For daycare facilities not used exclusively for busine					
4	Multiply days used for daycare during year by hours used			hr.	77734U 27784U	
5	Total hours available for use during the year (365 days x 24			8,760 hr.	The arms	
6	Olvide line 4 by line 5. Enter the result as a decimal amou		(414	1	WE.	
7	Business percentage. For dayoare facilities not used exch			na 6 hy lina 3		
4	(enter the result as a percentage). All others, enter the arr				7	
r-ev	Figure Your Allowable Deduction	I G I I I I	MONTH IN INC. O		,L	<u> </u>
	Enter the amount from Schertitle C. line 29. Injus any dal	n deri	yed from the business u	se of your horns.	To a factory	
78	minus any loss from the trade or business not derived fro	m the	business use of your ho	orne (see instructions)	8	
	See instructions for columns (a) and (b) before		(a) Direct expenses	(b) indirect expenses	jenincze.	magness may promise the same decreases.
	completing lines 9-21. Casualty losses (see instructions)	9	2-d bad mar parkens congg	for a summer order (1990)		
10	Deductible mortgege interest (see instructions)	10		<u> </u>		
11	***	11	<b></b>		27.232.77.125	
12	Real estate taxes (see instructions)	12	-			
		3.00.00	13			
13	Multiply line 12, column (b) by line 7				14	
14	Add line 12, column (a) and line 13				15	
15	Subtract line 14 from line 8. If zero or less, enter -0-	16		O PROGRESSIONALISM SALES	15	
16	Excess mortgage interest (see instructions)	17			Name of Parties.	
17	Insurance	19	f		yng.	
18	Poneto and maintainers	19				
19	Repairs and maintenance	20	ļ		6111.0385 6.3719.787 827.1877 7.414.050	
20 21		21			MEG.	
	Other expenses (see instructions)	22		**************************************	ENGLES ENGLES	
22	_					
23	Multiply line 22, column (b) by line 7					
24	Add line 22, column (a), line 23, and line 24		Quantum term	AND 100 AND 10	25	
25	Allowable operating expenses. Enter the smaller of line 1				26	
26	Limit on excess casualty losses and depreciation. Subtrac				27	
27	Excess casually losses (see Instructions)		1	[		
28	Depreciation of your home from line 41 below		· · · · · · · · · · · · · · · · · · ·			
29	Carryover of prior year excess casualty losses and depret		THE OWNER OF THE OWNER O	1		
30						
-75-42	(natructions) Add lines 28 through 30		· · · · · · · · · · · · · · · · · · ·	<u>, l., u.,</u>	31	
31	Add times 28 midugn 30 Allowable excess casualty losses and depreciation. Error				32	
32	Add lines 14, 26, and 32				33	
33	Casualty loss portion, if any, from lines 14 and 32. Carry a				34	
34	Allowable expenses for business use of your house. S			** **	24	MHC
35	Schedule C, line 30. If your home was used for more than				35	
). I	Depreciation of Your Home	. 0118	roginas, ace materion	9	- 40	
	Enter the smaller of your home's adjusted basis or its fair	- اسهارو	of value (see incorrections	1)	36	
35	Value of land included on line 36				37	
37	Basis of building, Subtract line 37 from line 36					54-18-180-18-18-18-18-18-18-18-18-18-18-18-18-18-
38					36	
39	Business basis of building. Multiply line 38 by line 7				39	
40	Depreciation percentage (see instructions)				40	
Contract of the last	Deprectation allowable (see instructions), Multiply line 39 i	CONTRACTOR OF THE PARTY OF THE		ne 29 above	41	ann ann ann an aige de Bhalla vi dhar ann vinn
	Carryover of Unallowed Expenses to				<del></del> -	
	Operating expenses. Subtract line 26 from line 25. If less t				42	*****
43	Excess pasualty losses and depreciation. Subtract line 32	-	<del>englador en entre de la compaño de la comp</del>	enter -0-	43	
or F	eperwork Reduction Act Notice, see your lax return in	struct	ions.			Form 8829 (2015)

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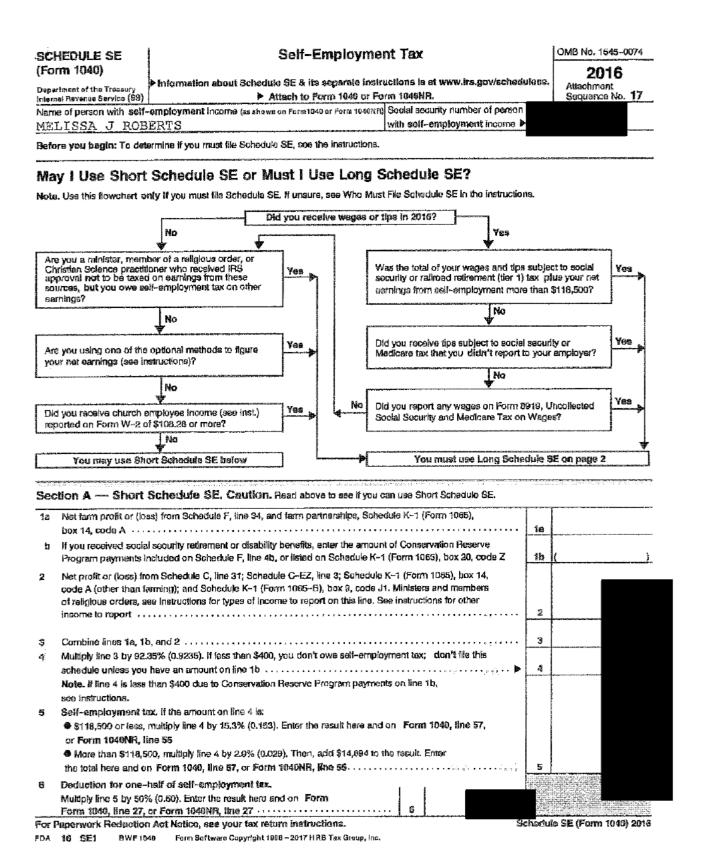
₹ <b>1040</b> :		ent of the Treasury-Internal Revenue Service (89) Individual Income Tax Return 2016	OMB No. 1545-0074	IRS Use On	ity—On not write or staple in this space.
	******	2016, or other tax year beginning , 2016, eading	, 21	0	See separate instructions.
<u>, , , , , , , , , , , , , , , , , , , </u>					Your social security number
					Spouse's social security no.
MELI.	SSA	J ROBERTS			▲ Make sure the SSN(s) above
					and on line 6c are correct.
					Presidential Election Campaigr
					Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.
					Checking a box below will not change
					your tax or You Spouse
	1	Single 4	X Head of household	l (with quali	fying person), (See instructions.) if
Hing Status	2	Married filing jointly (even if only one had income)	the qualifying pers	on la a child	but not your dependent, enter this
Check only one	3	Married filing separately. Enter spouse's SSN above	child's name here.	,	•
iox.		and full name here. > 5	Qualifying wides	v(er) with	dependent child
Term manabi m.m.m.	6a	X Yourself. If someone can delim you as a dependent, d	o not check box és .		Boxes checked ]
Exemptions Insert than four	b	Spouse			Nn. of children
lependents, see	ΤĈ	Dependents: (2) Dependent's	(3) Dependent's	(4) V H	child under en 6c who: e 17 quali - W Rved with you
44) First many		social security number	relationship to	fying for	child tax  did not live
					to divorce (
					(see inst.)
					not entered above
					Add numbers on 5
	7	Wages, salaries, tips, etc. Attach Form(s) W-2			
ncome	•	reages, seeming upor ever runners to may re-			7
	8a	Texable interest. Attach Schedule B if required			<u></u>
	b	Tax-exempt interest. Do not include on line 6a	3 532		
ittach Form(s)	9a	Ordinary dividends, Attach Scheduls B if required			
N-2 here. Also	er d	Qualified dividends			
ittach Forms	10	Texable retunds, credits, or offsets of state and local brooms:	10		
N-2G and 1099-R If tex	11	Alimony received			11
sas withheld.	12	Business income or (loss). Attach Schedule C or C-EZ			12
	13	Capital gain or (loss). Attach Schedule D if required. If not rec		. 17	13
		Other gains or (losses). Attach Form 4797		<i>-</i>	14
8	14	~ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	b Taxable amount .		Action to the second se
fyou did not get a W-2,	15a		b Taxable amount .		16b
ee instructions.	18a	Pensions and annulties [16a] Rental real estate, royalties, partnerships, S corporations, trus			17
	17	Farm income or (loss). Attach Schedule F			18
	18	Unemployment compensation			19
	19		h Taxable amount .		20h
	20a	DODIES DIDETING NATIONAL PROPERTY OF THE PROPE	th ravenue automit -		21
	21	Other income. List type and amount	04 This is your total	inaame i	The state of the s
*******************************	22	Combine the amts. In the far right column for lines 7 through	Marian de la company de la com	mound :	
Adjusted	23 24	Educator expenses	23		A TO SEASON
aross		fee-basis government officials. Attach Form 2108 or 2106-EZ	24		
ncome	25	Health savings account deduction. Attach Form 8889	25		
	26	Moving expenses. Attach Form 3903	26		22.65 62.265
	27	Deductible part of self-employment tax. Attach Schedule SE	27		Sec. 12.
	28	Self-employed SEP, SIMPLE, and qualified plans	25		7.00 S
	29	Self-employed health insurance deduction	29		24:0000 20:000 2:0000
	30	Penalty on early withdrawal of savings	90		- And
	31a	Alimony paid D Recipient's SSN >	31a		A LANGE Description PROMOTE 2 November 2
	32	IRA deduction	32		100000
	33	Student loan interest deduction	33		
	34	Tultion and fees. Attach Form 8917	34		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	36	Domestic production activities deduction. Attach Form 6903	35		
	36	Add lines 23 through 35			36
	****	Subtract line 36 from line 22. This is your adjusted gross inc			37

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- 1									Flore 2
Form 1040 (20	18)	ROBERTS							Page 2
Tax and	38	Amount from line 37 (adjusted gross li						38	
Credits	39a	Check You were born before Ja				Total boxe	- 1	ne usciali SC CSSE	
	1	if: Spouse was born before						CONTRACTOR OF CONTRACT	
Standard	L b	If your spouse itemizes on a separate	return	or you were a dual-s	telus	alian, chack I	ers > 39b		
Deduction for	40	Itemized deductions (from Schedule	A) or	your <b>sinndard dedu</b>	ction	(see left marg	jin)	40	
People who	41	Subtract line 40 from line 38						41	
check any box on line	42	Exemptions. If tine 38 is \$155,650 or less,	multiply	\$4,050 by the number o	n ilna 6	id. Otherwise, s	ae instructions	42	
139a or 39b or	43	Taxable income. Subtract line 42 from	n line 4	11, if line 42 is more t	han Ili	ne 41, enter -	0	43	
who can be claimed as a	44	Tax (see instructions). Check if any fro	om: a	Form(s) 8814 b	Пғо	m⊓ 4972 c.	7	44	
dependent,	45	Alternative minimum tex (see instruc	tions)	Attach Form 6251.		F-4		45	
instructions.	1	Excess advance premium tax credit re	ara satiffié	ot Attach Form 8969	<b>.</b>			48	
All others:	46	Add lines 44, 45, and 46	payme	III Attact Tolli Canz			<b>b</b>	47	
Single or	47	Add times 44, 45, and 40			1 40	T		Section 1	N-CONCE
Married filing	48	Foreign tax credit. Attach Form 1116 it				<u> </u>			
separately, \$5,300	49	Gradit for child & dependent care exp			49	-		11256 21	
Married filing	50	Education credits from Form 8863, line			50	<u> </u>			
jointly or Qualifying	51	Retirement savings contributions cred			51			7 AX	
(widow(er),	52	Child tax credit. Attach Schedula 6812			52		96	SERVICES	
\$12,600	53	Residential energy credits. Attach For			53				
Head of	54	Other credits from Form: 8 3800 b			54				
household, \$9,300	58	Add lines 48 through 54. These are yo	— our tot	el credits				595	
	56	Subtract line 55 from line 47. If line 55						56	
	57	Self-employment tax. Attach Scheduk	e SF					57	
	-	Unreported social security and Medica					.,.,,,,,,,	58	****
Other	58					1,		59	
Taxes	59	Additional tax on IRAs, other qualified	retiren	BRE DESIDE, SIG. MUNICI	n ron	n aasa n requ	ped		
e burnana	60a	Household employment taxes from Sc	chedule	)				80a	
	b	First-time homebuyer credit repaymen						80b	
	61	Health care: individual responsibility (		e-a		erage 🔯		61	ميدهب
	62	Taxes from: s Form 8959 b						82	
	83	Add lines 56 through 62. This is your	total te	W				63	
Payments	54	Federal income tax withheld from Forr	ma W-3	2 and 1099	64			73983 23303	
a calasian	ງ 85	2016 estimated tex payments & amt. a	applied	from 2015 return	66				
If you have a	65a	Earned income credit (EIC)			66a	T			
qualifying	Ь	Nontaxable combat pay election	1		annis.	:	***		
child, attach Schedule ElC.	1	Additional child tax gredit. Attach Sche		812	87	1			
1001100010	.3	American opportunity credit from Form			58	1			
	68				89	<del> </del>			
	69	Net premium tax credit. Attach Form 8			70	<del>                                     </del>			
	70	Amount paid with request for extension				<b>_</b>			
	71	Excess social security and tier 1 RRTA			71		_		
	72	Credit for federal tex on fuels. Attach F			72			21.00.15-0.45	
	73	Cradite from Form: R 2439 b Roserv	ed C	] 8685 d	73	<u> L</u>			
	74	Add lines 64, 65, 68s, and 67 through						74	
Refund	75	If line 74 is more than line 63, subtract						75	2011
	76a	Amount of line 75 you want refunded	i to you	u. If Form 8888 is atte	ached	, check here		76a	
Direct deposit?	<b>⊳</b> h	Flouting no. 10108	9 7		XC	necking	Savings	10 100 10 10 100 10 10 100 10 10 100 10	
See	Þ d	Account no. 7 6 1 9 1	7 5				1	1-1 (\$1-1-1)	
instructions,	77	Amit of line 75 you want applied to y		Transportation and the second	77				
A mage - and	76	Amount you owe. Subtract line 74 fro	om line	83. For datails on ho	1	pay, see instru	uctions 🕨	78	
Amount		Estimated tax penalty (see Instructions			70				
You Owe	79	Estimated tax penalty (see insulctions of want to allow another person to disc	a verse Alex	a referen with the IDO	(peg.	netnictions)	V Va-	Complete be	
Third Party	Desin	JU WAITE O BILOW BIDDINGS PERSON BUICISC NEW TO THE TOTAL OF THE TOTAL	.eissa-1818 VT/~			. ATOT Pe	rsonal (dentificat mber (PIN)		43970
Designee	Aller of the	nee's HRB TAX GROUP IN panalties of perjury, I declare that I have exam	where of the	c voting and accommonly	an ach	adules and state	aments, and to th	e best of my k	nowledge and hallet.
Sign	they	re true, correct, and accurately list all zindunts	and son	area of Income I receive	d durin	g the tax year. C	eclaration of pre	parer (other th	an texpayer) is based
Here	on all	information of which preparer has any knowle. Your signature	ពិមា	Date	ı	roccupation		1	hone number
Joint return? See instruction		ou aightenito			CEC				
See instruction Keep a copy	s. 🖢 ;	pouse's signature. If a joint return, both mus	t cinn	Date		use's occupat		If the IRS s	ent you an identity
for your	<i>y</i> 8	gauses signacure. It albint return, wwith mus	ខ ១រក្បីប្រទ	Dete	apo	upa a nomitia	uno ( t	Protection	makes and a substitution of the Control of the Cont
records.				<u> </u>	<u> </u>	To.4.		PIN, enter i hare (see le	
Paid		,	pareta	algnature		Date	Chec	K 1 1 1	TIN
Preparer	RA	CHEL ROSE				N8-06-		employed [P	00278356
Use Only		n'e name ▶ HRB TAX GROUE					Firm's EIN >	1	
	Fin	m's address ► 10485 S REDV	MOOD	RD			Phone no.		
	SO	JTH JORDAN UT 84095					801-253		
A Description of the Control of the		CALL CARRE SE CON	Corn C	Laftern Paneriaht 1000	2012	HER YAW READ	. Inc		Com SAAR (notes

#1	·		barnis	#7#   #*	unu Drainana		lower	No. 1545-0074
	HEDULE C		100	ofit or Loss Fi				2016
(Fo	rm 1040)	h tadaymai	tion where C		ie instructions is at www.irs.;	eov/acha	dulec.	ZUIO hment
Depa	rtment of the Treasury all Revenue Service (99)	P. Information	h ta Enem 16	tan inanNR or inat: mad	ineratilps generally must file	Form 10	55. Secu	ience No. <b>09</b>
PER CONTRACT	e of proprietor	- Attac	II AO FOIDE IV	140, todocate or 14-11, pass		Socia	al security nun	aber (SSN)
	LISSA J ROB	PDTG						
A	Directoral business of p	rolession, in	dudina prad	uct or service (see instruction	ma)	BE	nter code from	instructions
אחו	MDEPOSTTORY	CREDI	T INTER	RMEDIATION (IN	ICLUDING SALES E	Π,	▶ 522200	2
C	Business name, if no s	eparate busi	ness name, k	eave blank.		D Em	ployer ID no. (	(EIN), (see thath)
	AH CREDIT A							
	Business address (Incl			<b>&gt;</b>				
	City, town or post office							
£ ,	Accounting method:	(1) X	Cash (2)	Accrusi (3) Othe	er (specify) 🕨			
G i	Did you "materially par	ticipate" in th	e operation o	of this business during 2016	? If "No," see instructions for li	mit on los	808	Yes   Ho
1-E 1	f von started or accuir	ed this busin	ess during 21	016, check here	, ,		, L	
1	Did you make any pays	ments in 201	6 that would	require you to file Form(s)	1099? (see instructions)			Yes X No
J	if "Yas," did you or will	you lile requ	ired Forms 1	099?	***********		· ,	Yea No
Œ	income			Additional and the second				
1	Gross receipts or sale	s, See Instru	ctions for line	e it and check the box if this	income was reported to you o	n		
	Form W-2 and the "S	tatutory emp	loyae" box o	n that form was checked	· · · · · · · · · · · · · · · · · · ·			
2	Returns and allowence	OB				2	_	
3	Subtract line 2 from lin	he i	21111445\$			··· 3		
4	Cost of goods sold (fr	om line 42)				4		
5	Gross profit. Subtrec	n line 4 from	line 3			5		
6	Other income, including	ng federal ar	id state gasol	lins or fuel tax credit or refu	nd (see instructions)	··· 6		
7						. > 7		
	Expenses.	Enter expen	ses for busine	ess use of your home only			. 1	
- 8	Advertising				Office expense (see instruction			
9	Car and truck expens	es		19	Pension & profit-sharing plan	·		
	(see instructions)		<u> </u>	20	Rent or lease (see instruction			
10	Commissions and tee		10	_	Vahides, machinery, and equipmen	-		
11	Contract labor (see in	-	11		Other business property			
12	Depletion		12		Repairs and maintenance			
13	Depreciation and sect			22	Supplies (not included in Part III)			
	expense deduction (n		40	23	Taxes and licenses Travel, meels, and entertainm			
	Included in Part III) (s	_	13		Travel			
14	Employee benefit pro				Deductible meals and	270		
416	(other than on line 19)	·	15		entertainment (see instruction	s) 241	a	
15	Insurance (other than	Hemily		- 25	Utilities	´ —		
16	Interest:	alea este l	16a	26	Wages (less employment cradits)			
: II	Mortgage (paid to bar		16b	1774	Other expenses (from line 48)			
477	Cities		17	mm.n	Reserved for future use -			
17	Legal and professiona Total expenses before				wough 27a			
28 29	Tentative profit or (too	is). Subtract	ing 28 from I		117777118444441722571175)			
30					sewhere. Attach Form 8829			
ue	unless using the simp					1		
				square footage of: (a) your	home:			
	and (b) the part of you			es;	. Use the Simplifi	ad		
				the amount to enter on line	30 ,	30	•	
31	Net profit or (loss).							
••	If a profit, enter on	both Form	1040, line 12	2 (or Form 1040NR, line 13	l) and on Schedule SE, line 2			
	(If you checked the bo	ox on line 1.	see instructio	ons). Estates and trusts, ent	er on Form 1041, line 3.	> 31	<b>§</b>	
	• If a loss, you mus					Countries	, , , , , , , , , , , , , , , , , , ,	
32				s your investment in this ac	tivity (see instructions).	Paciel		
				Form 1940, line 12, (or Fo		32	a 🗌 All investn	nent is at risk.
				ox on line 1, see the line 31		32	b 🗌 Soma Invi	estment is not
	Estates and trusts, en					J	at risk.	
				6198. Your loss may be lin	rited.			
For	Paperwork Reduction					c	Schedule C (Fo	rm 1040) 2016
FDA	*			right 1998 – 2017 HRB Tax Grou	p, inc.			

#1	edule C (Form 1949) 2016			Page 2
<b>************</b>	Cost of Goods Sold (see instructions)			
35 34	Method(s) used to value closing inventory:  a	ry?	-	⊠ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	ennum en	
36	Purchases less cost of items withdrawn for personal use	36	and particular of the format o	
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38	- Andrews Control of the Control of	
39	Other costs	39	BOTTON AND A SEAL OF MEDICAL PROPERTY.	
40	Add lines 35 through 39 against grant and a second and a	40		
41	Inventory at end of year account and account account and account and account account and account account account and account accou	41		
42 1	Cost of goods sold. Subtract line 41 from line 40, Enter the result here and on line 4	•		
43	are not required to file Form 4562 for this business. See the instructions for line 13 to find out if y  When did you place your vehicle in service for business purposes? (month, day, year) $\triangleright 01-05-20$	_	(IS FO(1) 4502,	
45	Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your			
	Susiness 2 Commuting (see instructions) c			
46	Was your vehicle available for personal use during off-duty hours?	.+411123	_ ∏ Yes	No No
46	Do you (or your spouse) have another vehicle available for personal use?	g r § i e i i j	. Yes	X No
47a	Do you have svidence to support your deduction?		. X Yes	No
Tanana and	If "Yes," is the evidence written?		· X Yes	No
	Other Expenses, List below business expenses not included on lines 8-28 or line 30.			
BU	SINESS TELEPHONE		······································	
			-warrantarrantahan tahun tahun	
<del></del>				A minimal and a make the second second second second
Name Control of the				-Miles Maria Maria Maria Maria Maria Maria Andria Maria M
Lagrania				
<b>,,,</b>			·	
			······································	State of the State
"6			······································	
48 FDA	Total other expenses. Enter here and on line 27a	48 Cake	schola (* /Eas	



: Form	8829	Expenses for File only with Schedule ( home you to him ease.) Information about Form 8829	Bus Fon	iness Use c	of Yo	our Home Form 8829 for each		OMB No. 1545 2016	,
Depar	tment of the Treasury at Revenue Service (99)	home you u  Information about Form 8829 a	sèd fo and its	er business durin s separate instruc	g the tions	rear. Is at www.lre.gov/form	829.	Attachment Sequence No.	176
Name	e(s) of proprietor(s)						You	consist nacuralty	0.0
MEI	JISSA J ROB		<del></del>	······································			14		
		cur Home Used for Busine					Taisiania.	7	
1	Area used regularly :	and exclusively for business, regular	y for d	aycare, or for stora	ige of		STREET,		
	inventory or product	samples (see instructions)	· · · ·		• • • • •		1 2		
_		.,					3		
3	Divide line 1 by line :	2. Enter the result as a percentage .		to line 4. All other		to the 7			
		es not used exclusively for busine or daycere during year by hours used			из, ус   л	hr.			
4		a tour mae gruund the Near (299 gaile x se Takkeste gruund the Near DA Hagus greet			5	8,784 lv.	aria.		
5 8		5. Enter the result as a decimal amou			8	WITETTER	5000		
7		<ul> <li>For daycare facilities not used excli</li> </ul>			L	e 6 by	der Desert		
•		ult as a percentage). All others, enter					7		
T.A.		our Allowable Deduction		A STATE OF THE PERSON OF THE P			J	E	
8	Enter the amount for	m Schodule C. line 29. plus any gai	n deri	ved from the busin	988 US	e of your home,	ÇĞ.		
	minus any loss from	the trade or business not derived in	om the	pusiness use of y	our hai	me (see instructions)	a		
	see instructions to completing lines 9-	r columns (a) and (b) before -21.		(a) Direct expen	206	(b) indirect expenses			
9		Instructions)	8				de Carlos		
10		interest (see instructions)	10						
11		e instructions)	11						
12		11	12						
13	Multiply line 12, colu	mn (b) by line 7	(65) 65) c		13				
14	Add line 12, column	(a) and line 13	4929				14	3-L-1	
15	Subtract line 14 from	nline 8. If zero or less, enter -0-					15		
16	Excess mortgage into	erest (see instructions)	15	L		om redented formation the state of the	Wings:		
17	insurance		17						
18	Rent		16						
19		navios	19						
20			20			A-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Žī.		
21	• •	· · · · · · · · · · · · (enoitounteni e	21			EN-MICH COMMENT MICHIGAN COMMENT	2000		
22		121			1		004141		
23	Multiply line 22, colu	mn (b) by line 7	•••		23	***************************************			
24	Carryover of prior ye	ar operating expenses (see instruction	nsj	* ,	24		25		
25		(a), line 23, and line 24							
26	Allowable operating	expenses. Enter the smaller of line table losses and depreciation. Subtrat	io or i	16 20		*******	26		
27		es (see instructions)			28	414111111	Z,		
29 29		es (see instructions)			29		CHICA		
30	-	er excess casualty leases and depre-							
ನಾಚ		od execus danieny maded cans depre-			30				
31		130,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			سسسنسا		31		
32	Allowshie expess car	sualty losses and depreciation. Enter	the &	maller of line 27 o	r line 3	1	32		
33		d32					33		
34	Casualty loss portion	n, If any, from lines 14 and 32. Carry of	moun	t to Form 4694 (a	ee inst	ructions)	34		
		a for business use of your home. S					icie		
		line 30. If your home was used for m					35		
Par		tion of Your Home		***************************************					
36		your home's adjusted basis or its foi	r mesk	et value (see instru	ctoris	)	36		
37	Value of land include	ed on line 36		.,			87		
38		htract line 37 from line 36					38		
39		ilding. Multiply line 38 by line 7					39		
40		tage (see instructions)					40		
41	, ,	ole (see instructions). Multiply line 39					41		
T 100000	A COLUMN TO THE OWNER OF THE OWNER OWNER OF THE OWNER	r of Unallowed Expenses to		A CAMPAGNA AND AND AND AND AND AND AND AND AND A					
42		. Subtract line 26 from line 25. If less	***************************************			*********	42		
43	Excess casualty loss	es and depreciation. Subtract line 32	from I	ine 31. If less than	zero, e	enter -0	43		

For Paperwork Reduction Act Notice, see your tax rotum instructions.

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ALEXANDER OF THE PARTY OF THE P		Individual Income Tax Return   2017 Oil 097, or other tax year beginning .2017, anding	, 20		See separate instructions.
Tello goni com r D					Your seeled country our by
				l	
				l	Spor
MELIS	SA	J ROBERTS		XIII	Make sure the SSN(a) above
				ŀ	and on line 8c are correct.  Presidential Election Campaig
				i	Check here it you, or your spouse if
				l	filing jointly, want \$3 to go to this fund Checking a box below will not change
				1	your tax or You Spouse
	1	Single 4	Hoad of household	(with gualit	tying person). (See instructions.) If
ing Status	2	X Married filing jointly (even if only one had income)	L-4		but not your dependent, enter this
ack only one	3	Married filing separately. Enter spouse's SSN above	child's name hore.	Þ	·
K,	-	and full name here. ▶ 5	Qualifying widow	(er) (see	instructions)
	ga	X Yoursalf. If someone can claim you as a dependent, do	ot check box 6a 🕠		Boxes checked on 6n and 6b
cemptions nore than four	b	X Spouse			No. of children
t, & check here	C	Dependents: (2) Dependent's	(3) Dependent's relationship to	(4) V if o	child under on 8c who: p 17 gozii - 50 lived with you
44. ***		social security number	i seranousias m	} rymαror	renad tax We did not live
					te divorce (
					(see instructions)  Dependents in 8c
					A not entered above
		The second second second second			Add numbers on 5
	d	Total number of exemptions claimed	************		anesabove P
come	7	Wagos, salaries, tips, etc. Attach Form(s) W-2			7
	88	Taxable Interest. Attach Schedule B if required			
	b		8b		Modles Modles
ech Form(s)	Slat	Ordinary dividences, Attach Schedule B if required		*****	98
2 here. Also	b		9ь		3.13.15 3.13.15
sch Forma 2G end	10	Taxable refunds, credits, or offsets of state and local income tax	( <del>)</del>		10
9-R If tex	11	Alimony received			11
s withheld.	12	Business Income or (loss). Attach Schedule C or C-EZ			12
	13	Capital gain or (less). Attach Schedule D if required, if not requi			13
	14	Other gains or (lossee). Attach Form 4797			14
og did not	15a	11 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Taxable amount		
taW-2,	10a		Taxabia amount		The state of the s
a instructions.	17	Rental real estate, royalties, partnerships, \$ corporations, trusts	, etc. Altach Schedul	eE	
	18	Farm income or (loss). Attach Schedule F		* * * + \$',4',4'	18
	19		Taxable amount		20b
	20a	Social security benefits 20s b Other income. List type and amount	TOYOUR CHINNIN >4	1 4 4 5 7 7 5	21
	21 22	Combine the arms, in the far right column for lines 7 through 21	. This is your total to	100me	> 22 2
ham was a second	23	Educator emenass	23	Advantage of the Control of the	(Programme)
ijusted	24	Outlife hydrogen supposed of menousky performing artists and	24		
ross	25	156-base Angertune Cottobias Museu Leure Tido of Fldd. rw 1, 5,27	25		- 33 4/463 26 1844
come	26		28		Company of the compan
	27		27		
	28		26		
	29	-	29		
	30	· ·	30		
	316	Altmony paid b Hecipient's SSN >	31a		
	32	IRA deduction	32		
	33		33		
	34		34		s and we
	35		35		
	35	Add lines 23 through 35 Subtract line 36 from line 22. This is your adjusted gross incor			36 2
	37				

									_ ^
Form 1040 (201	7)	ROBERT							Page 2
Tour	38	Amount from line 37 (adjusted gr	os <del>s income</del> j					38	
Tax and	30a	Check You were born before				Total boxes			
Credits	,	if: Spouse was born t	efore Janua	ry 2, 1953, 📙 Blind		checked >	i		
Standard	b	If your spouse itemizes on a sop-	arate retum d	r you were a dual-e	talus a	lien, check he	ra ▶ 39b 📗		
Deduction	40	Itemized deductions (from Scho	edule A) or y	our standard dedu	ction (a	see left märgin	)	40	
Paopis who	41	Subtract line 40 from line 38						41	
check any	42	Exemptions, if line 38 is \$156,900 o						42	
box on line 39a or 39b or	43	Texable Income. Subtract line 4	2 from line 4	1. If line 42 is more t	han line	e 41. enter -0-	,,,,,,	43	
who can be		Tax (see inst.). Check if any from						44	
cialmed as a dependent,	44	Alternative minimum tax (see in	repareșione/	Attach Form 8251		~ L		45	
see	45	Excess advance premium tax cre	edit en neuenne.	nt Attack Form 9897				48	
instructions.  • All others:	46	Excess advance premium rax ore	ani rejatyme	III. Allach Forth 6502	• • • • • •		<b>b.</b>	47	
Single or	47	Add lines 44, 45, and 46			70 1			9000	*****
Married filing	48	Foreign tax credit. Attach Form 1						7615 237 51 87 15 15 17 38 17 15 17 1	
separately, \$6,350	49	Credit for child & dependent care			49				
Married filing	50	Education credits from Form 986			50			rate k	
jointly or	51	Retirement savings contributions			51			9081381 1777381	
Qualifying widow(ar),	52	Child tex credit, Attach Schodula	9812, if requ	ilred	52				
\$12,700	53	Residential energy credits. Attack			53		, , , , ,		
Head of	54	Other crodite from Form: 9 3600			54				
household, \$9,350	1585	Add lines 48 through 54. These a	re vour tots	il credits				55	
13	56	Subtract line 55 from line 47. If \$1	ne 55 is mare	than line 47, enter	-0			58	
		Self-employment tax. Attach Sch						57	
	67	Unreported social security and M	fadienes tau f	mm Form: n∏∢	1127	₽ 8919		58	specificación contraction
Other	58	Unreported social security and iv	IDEA A MARKANIA	not pines ate Attack	n Envo			69	
Taxes	69	Additional tax on IRAs, other qua	ened retirem	ənt plans, etc. Attacı	ii ronn	DOYS IL LECTURE	A	60s	
, ,	රිගින	Household employment taxes fro	m Schedule	H			* * * * ಕಟ್ಟಿಗಳು * * * * * * * * * * * * * * * * * * *		
	81	First-time homebuyer credit repa						60b	
	81	Health care; individual responsib						61	
	62	Taxes from: e Form 8959						62	Ministra
	53	Add lines 56 through 62. This is					<u></u>	63	
Payments	64	Federal income tax withheld from	Forms W-2	and 1099	64			26.12.	
- Cayrilland	165	2017 optimated tax payments & a	ant. applied	irom 2016 retism	65				
ff you have a	66a	Earned income credit (EIC)			66a			2722	
qualifying objid, attach	Гь	Nontaxable combat pay election				Carlory and the			
Schedule EIC.	67	Additional child tax credit. Attach		312	57			W. 21 H.C. W. 14 H.C. W. 14 H.C.	
ļ	58 58	American opportunity credit from			68				
	69	Net premium tax credit. Attach Fo			69			(158C)*	
	70	Amount paid with request for ext			70				
		Excess social security and tier 1			71				
	71				72			16.000	
	72	Credit for federal tax on fuels, Alt					or over the same of the same o		
	73	Credita from Formal 2439 b			73		3.	Reg Pl C	
	74	Add lines 64, 65, 86a, and 67 thr						74	
Refund	75	If line 74 is more than line 63, su						75	
Direct	760	Amount of line 75 you want refu						76a	
deposit?	<b>⊳</b> b			XXXX ▶ ¢ Typə:			avings		
See	<b>▶</b> d	Account no. XXXXXXXX	XXXXXX	XXXXXXXXXX	XXX.	XXXXXXX		DE LINEYA D'ALBUTTUR D'OLOGRAFIA	
instructions.	77	Amt, of line 75 you want applied	to your 201	6 estimated tax ➤	77				
Amount	78	Amount you owe. Subtract fine	74 from line	63. For details on ho	w to p	ay, soo instruc	dons 🕨	78	
You Owe	79	Estimated tax penalty (see instru-			79				
		ou want to allow another person it				structions)?	X Yes.	Complete bel	ow. No
Third Party	Desig	מווטמט אצה מממש פּנּפּנּט	TNC	Phone > 201-2	53	4127 Persy	mal Identificat	ion 🐎 🛚	13970
Designee	Unde	penellies of perjury, I declare that I have the true, correct, and accurately list all an information of which preparer has any k	e examined thi	s raturn and accompany	ing sche	dules and statem	ents, and to th	e best of my kn	owledge and bellef,
Sign	they	re true, correct, and accurately list all an	nounts and sou noviedos.	rces of Income I receivée	d during	the tax year. Dec	iaration of pre	parer (other kha	n taxpayer) is based
Here		our signature	- semana	Date	Your	occupation		Daytime pl	hone number
Joint return? See instruction					CEO	-			
Көөр а сору	" <b>)</b>	pousc's signature. If a joint return, <b>boi</b> i	nust slav.	Date		se's occupatio	n	If the IRS se	nt you an identity
for your records.	, ,				] .	ABLED		Protection PIN, enter it here (see inc	.,[
	riu!	nt/Type preparer's name	Preparer's	franature	1	Date			TIN
Paid			i iopaici o	P. Serie	ļ		O 1 R celf-	K ( 1 )	0278356
Preparer		CHEL ROSE	OID TY	<u>~</u>			imi's EIN ▶	q-royen pt (	
Use Only		m's name ► HRB TAX GR							
		m's eddress ▶ 10485 S R		אט		1.	hone no.	2 /107	
	SO	JTH JORDAN UT 840	95			-   (	801)25	J-412/	

#l:						1
	IEDULE C			Profit or Loss From Business		OMB No. 1545-9074
(For	m 1040)			(Sole Proprietorship)	-N	2017
	rtment of the Treasury			ww.ira.gov/SchaduleC for instructions and the latest informa-		Attachment Sequence No. 09
100000000000000000000000000000000000000		Attach	to For	n 1040, 1040NR, or 1041; partnerships generally must file Fo	omn 1000.	Sequence No. 49
	s of proprietor					1 (3314)
MEI	LISSA J ROBER	CTS	- I E	and the second of the lands of the second of	9 Fot	er code from instructions
A F	rincipal business or profe	9581671, INC	clucking To Tolka	product or service (see instructions)		► 522200
				TERMEDIATION (INCLUDING SALES F		loyer ID no. (EIN) (see Instr.)
	Business name. If no sepa			mo, leave diank.	To make	,_,,_,
	AH CREDIT APP			na.) >		A STATE OF THE STA
	Business address (includir			17.7		
	City, town or post office, st			(2)		
	Accounting method:	(1) 🔯	CESII	tion of this business during 2017? If "No," see instructions for lin	nit on loss	es X Yes No
G [	old you "materially particle	reinud allet Rioud alde	es alhere	ing 2017, check here		
.H H	r you started or acquired to	nte in 2011	7 fkat s	ould require you to file Form(s) 1099? (see instructions)		Yes 🕅 No
1 1	any paymen No yeu make any paymen	u Bla zaou	runater frad Fo	ms 1082?		Yes No
	I yes, did yed et wii you	a nearesta	JIGG I G	PILO IMPORTANTA		J. L. Lul
1	Grace receive or celes S	lee instru	ctions fo	or line 1 and check the box if this income was reported to you or	, [	
•	Form W_2 and the "Chin	ilory omo	inves" i	ox on that form was checked		
				COLUMN TO THE PROPERTY OF THE		
				4777 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
18.	Cost of goods sold (iron Coses neefit, Subtract in	a Afmm	line 3 .	***************************************	. 5	
e. E	Other iscome including f	ferleral on	of etate	gasoline or fuel tax credit or refund (see instructions)	6	
7	Gran income, including t	a Sand A		Analis 21 141 - 14	<b>&gt;</b> 7	
				usiness use of your home only on line 30.		
-			8	6 Office expense (see instruction	ns) 18	1
	Advertising			9 Pension & profit-sharing plans	· [	
3	instructions)	. 1	9	Rent or lease (see instructions	200	
10	Commissions and fees		10	g Yahitlas, machinery, and equipment		
	Contract labor (see Instru	1	11	b Other business property		
	Depletion	' 1	12	1 Repairs and maintenance	B	
	Depreciation and section	- 1		2 Supplies (not included in Part III).	<del> </del>	- Company of the Comp
1.0	expense deduction (not	.,,		3 Taxes and leanses		
	included in Part III) (see i	netr.)	13	4 Travel, meals, and entertainme		
	Employee benefit program			₽ Travel		
•	(other than on line 19)		14	b Deductible meals and		· ·
15	Insurance (other than her	1	15	entertainment (see înstructions	245	Company de Sili
	Interest:		Salabila	5 Utilities		
	Mortgage (paid to banks,	. etc.)	16a	8 Wages (lass employment crodits)	26	
_	Other,	· ' }	16b	7 a Other expenses (from line 48)	27a	A. P. M. A. C.
	Legal and professional se	1	17	b Reserved for future use	h	A Commence of the Commence of
				nees use of home. Add lines 8 through 27a	▶ 28	
				om line 7		
				Do not report these expenses elsewhere. Attach Form 8629		
	unless using the simplifie					
	Simplified method filers	s only: er	iter tha	otal square footage of: (a) your home:		
	and (b) the part of your h	iome use	d for bu	siness:	d	
	Method Worksheet in the	instructio	ns to fi	gure the amount to enter on line 30	20	
31	Net profit or (loss). Sub-	tract line :	30 from	line 29.		
	• If a profit, enter on both	th Form	1049, II	ne 12 (or Form 104CNR, line 13) and on Schedule SE, line 2.		
	(If you checked the box o	on line 1.	seo inst	ructions). Estates and trusts, enter on Form 1041, line 3.	31	
	• If a loss, you must go				1	
32	-			cribes your investment in this activity (see instructions).		
				oth Form 1040, line 12, (or Form 1049NR, line 13) and	32a	All investment is at risk.
				he box on line 1, see the line 31 instructions). Estates and	32b	Some investment is not
	truess, enter on Form 10					at risk.
		•		form 6198. Your loss may be limited.	•	
For I		1-2-ri-		e separate instructions.	Sc	hedule C (Form 1040) 2017

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#1 Sch	sidule C (Form 1040) 2017 ROBERTS			Paga 2
17	Cost of Goods Sold (see instructions)			
33 34	Method(a) used to value closing inventory:  a	γî		∏ No
35	inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
35	Purchages less cost of items withdrawn for personal use	36	STATE TO A VANCOUS TO A STATE OF THE SAME OF THE SAME	TOOT AT STOTE OF THE STATE AND STATE
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		<u></u>
39	Other dosts	39		
40	Add lines 35 through 30 eags	40		
41	Inventory at end of year water	41		
42 E3	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	•		te annualle trailean annualte trailean teachann annualte trailean teachann annualte trailean teachann annualte
43	When did you place your vehicle in service for business purposes? (month, day, year) ▶ 01-05-20	16		
44	Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your			
B	Business 20,000 b Commuting (see instructions)	Other	Percentus com com com contractor com con	
45	Was your vehicle available for personal use during off-duty hours?		- 🗌 Yea	⊠ No
46	Do you (or your spouse) have another vehicle available for personal use?		. 🗌 Yes	X No
47a	Do you have evidence to support your deduction?			☐ Mb
(CONTRACTOR)	If "Yes," is the evidence written?		· X Yes	140
Salas Care	Other Experises, List below business expenses not included on lines 8-25 or line 30.  SINESS TELEPHONE			
enemical acc			ann an an deire an meirice ann an	rik pan ray karan armana ara kan kan marana
acception (to come				
Secretary Space			PTT-T-MAXTERIAN ATT-ATT-ATT-ATT-ATT-ATT-ATT-ATT-ATT-ATT	
48 FDA	Total other expenses. Enter here and on line 27a	48   Scho	edule C (Form	1040) 2017

j.	*								
	perm 8829  Expenses for Business Use of Your Home File only with Scheduls C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.  Go to www.irs.gov/Form8829 for instructions and the letest information.  OMB No. 1545-0074  2017 Attachment Sequence No. 176								
interne	al Revenue Service (99) Go to www.irs.gov/Forms	Attachment Sequence No. 176							
	e(s) of proprietor(s)	Your	social security no.						
	ISSA J ROBERTS	4	FLORES de sant						
			Partie I						
	Area used regularly and exclusively for business, regularly								
	inventory or product samples (see instructions)				1 2				
	Total area of home				3	V-10-10-10-10-10-10-10-10-10-10-10-10-10-			
3	Divide line 1 by line 2. Enter the result as a percentage .			de Man T	Lasti iliti	The second secon			
	For daycare facilities not used exclusively for busines			hr.					
	Multiply days used for daycare during year by hours used			8,760 hr.					
5	Total hours available for use during the year (305 days x 24		freed How and - 1147	0,700 III.					
	Divide line 4 by line 5. Enter the result as a decimal amou			a d bu					
7	Business percentago. For dayoare facilities not used exclusional and all all all and an arrangements and all all all and arrangements.	reived.	KOLDORIORRY LUTINOSA III	ear Dy Be-	2000) 7				
and the second	line 3 (enter the result as a percentage). All others, enter	tre an	nount from the 3		L	AT have the commencer or a fad always			
	Figure Your Allowable Deduction		and forms the breakness on		ccesso	**************************************			
8	Enter the amount from Schedule C, line 29, plus any gain minus any loss from the trade or business not derived fro	m the	business use of your ho	ree (see instructions)	8				
	See instructions for columns (s) and (b) before		(a) Direct expenses	(b) Indirect expenses	dimi	2007-0			
_	completing lines 6-21.	9	(4) DRACT EXPRISER	(a) i minor sylicitized					
<b>\$</b>	Casualty losses (see Instructions)								
10	Daductible mortgage interest (see instructions)	10							
11	Pasi estate taxes (see instructions)	11		<u> </u>					
12	Add lines 9, 10, and 11	12	Entremental co	1					
13	Multiply line 12, column (b) by line 7	CHILD BUSHES	400000000000000000000000000000000000000	Control of the contro	1 1				
14	Add line 12, column (a) and line 13				14				
15	Subtract line 14 from line 8. If zero or less, enter -0-			2.0-10.0-10.0-10.0-10.0-10.0-10.0-10.0-1	15				
16	Excess mortgage interest (see instructions)	10		1					
17	Insurance	17							
18	Rent	18							
19	Repairs and maintenance	19			70001 700 10001 700 10001 700 10001 700				
20	Utilities	20							
21	Other expenses (see instructions)	21							
22	Add lines 16 through 21	22			Saura u afri				
28	Multiply line 22, column (b) by line 7								
24	Carryover of prior year operating expenses (see instruction	ns)	24						
25	Add line 22, column (a), line 23, and line 24				25	THE THOUSAND WINDS LINE			
26	Allowable operating expenses, Enter the amaller of line 1				26	·····			
	Limit on excess casualty losses and depredation. Subtrac			•	27				
28	Excese casualty losses (see instructions)			1					
	Depreciation of your home from line 41 below								
30	Carryover of prior year excess casualty losses and depre-			-	LANGE CONTRACTOR				
	instructions)		30						
31	Add fines 28 through 30			4	31				
	Allowable excess casualty losses and depreciation. Enter		32	******************************					
	Add lines 14, 26, and 32				33				
34	Casualty loss portion, if any, from lines 14 and 32. Carry a				34				
35	Allowebia expenses for business use of your home. S				Processor.				
7.00	and on Schedule C, line 30. If your home was used for m	ore th	an one business, see ins	Tructions · · · · · · · · ·	35	And the state of t			
Par	Depreciation of Your Home		A see Board Commencer Commencer		1	· · · · · · · · · · · · · · · · · · ·			
36	Enter the smaller of your home's adjusted basis or its fall	36							
37	Value of land included on line 38	37	the first of the second						
38	Basis of building. Subtract line 37 from line 38		38						
33	Business basis of building, Multiply line 38 by line 7	39							
40	Depreciation percentage (see instructions)				40				
	Depreciation allowable (see instructions). Multiply line 39 i			ne 29 above	41				
Par					T 7				
	Operating expenses. Subtract line 26 from line 25. If less:				42				
	Excess casualty losses and depreciation. Subtract line 32			enter -0- · · · · · ·	43				
For P	aperwork Reduction Act Notice, see your tex return in	etruct	tions.			Form \$829 (2017)			

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(Rev. December 2014)

Department of the Treasury Internal Revenue Service

### Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return). Name is required on this (ine; do not leave this line blank.  National Section 1997)									
ci	2 Business name/disregarded entity name, if different from above									
page	Utah credit approval									
Print or type See Specific Instructions on p	3 Check appropriate box for federal tax classification; check only one of the following seven boxes:  ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership single-member LLC ☐ Umited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership)	e ins	Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any)							
	Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the tax classification of the single-member owner.	Of .	Exemption from FATCA reporting code (if any)							
Pri	☐ Other (see Instructions) ►		(Applies to accounts maintained outside the U.S.)							
cifi	5 Addre	me and a	address (or	tional)						
be										
9	& City,									
S.										
	7 List a									
Pa	Taxpayer Identification Number (TIN)									
resid entiti	up withholding. For individuals, this is generally your social security number (SSN). However, if ent alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other es, it is your employer identification number (EIN). If you do not have a number, see How to gas on page 3.									
Note	. If the account is in more than one name, see the instructions for line 1 and the chart on page	4 for Emplo	yer ider	er identification number						
guide	slines on whose number to enter.		T				7			
			-				N.			
Pai	t II Certification					-	-			
Unde	er penalties of perjury, I certify that:									
1. Th	ne number shown on this form is my correct taxpayer identification number (or I am waiting for	a number to b	e issue	d to me);	and					
Se	am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b ervice (IRS) that I am subject to backup withholding as a result of a fallure to report all interest b longer subject to backup withholding; and	) I have not be or dividends, o	en notif r (c) the	fied by the e IRS has	Interna notified	Rever me tha	ue t I am			
3. la	ım a U.S. citizen or other U.S. person (defined below); and									
	e FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	g is correct.								
Certi	fication instructions. You must cross out item 2 above if you have been notified by the IRS to	at vou are cun	rently s	ublect to	packun	withhol	dina			
beca intere	use you have failed to report all interest and dividends on your tax return. For real estate trans est paid, acquisition or abandonment of secured property, cancellation of debt, contributions t rally, payments other than interest and dividends, you are not required to sign the certification	actions, item 2 o an individual	does n	ot apply.	For mor	tgage (IRA), a	nd			

### General Instructions

Signature of

U.S. person ▶

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments, Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

### Purpose of Form

instructions on page 3.

Sign

Here

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- . Form 1099-INT (interest earned or paid)
- . Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- . Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T
- . Form 1099-C (carceled debt)

Date >

Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only If you are a U.S. person (including a resident allen), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payce. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.

EXHIBIT DVANCED REPORTING SOLUTIONS

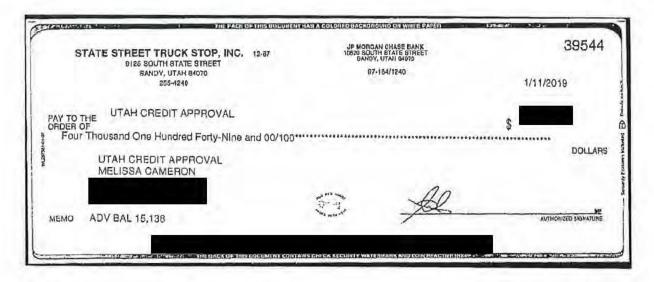
Form W-9 (Rev. 12-2014)

## CHASE for BUSINESS

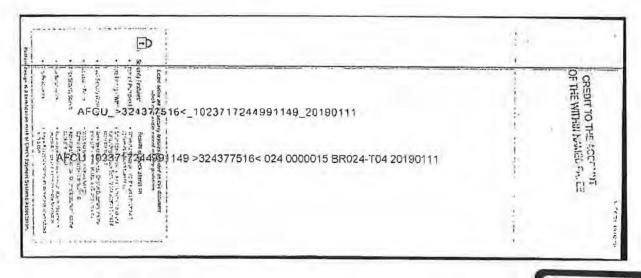
Printed from Chase for Business

Check

Front



Back



Post date

Check #

Check amount



JPMorgan Chase Bank, N.A. Member FDIC

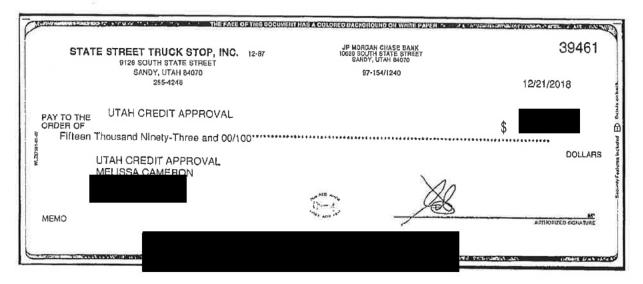
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Equal Opportunity Lender @

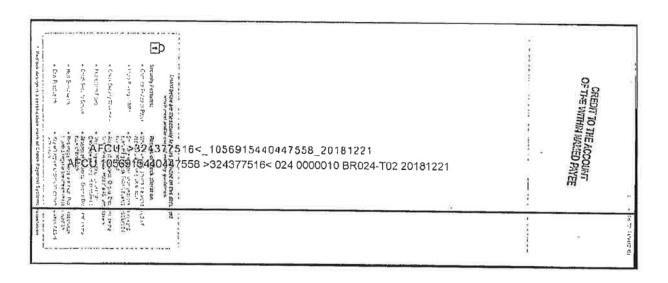
# CHASE for BUSINESS Printed from Chase for Business

Check

Front



Back



Post date

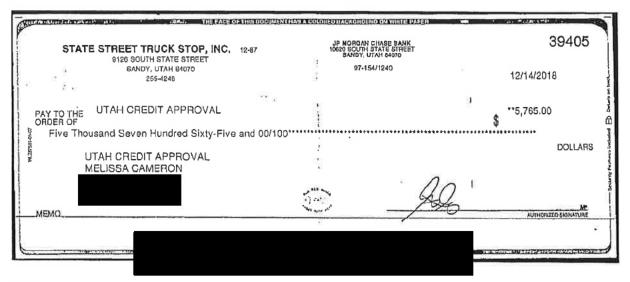
Check #

Check amount

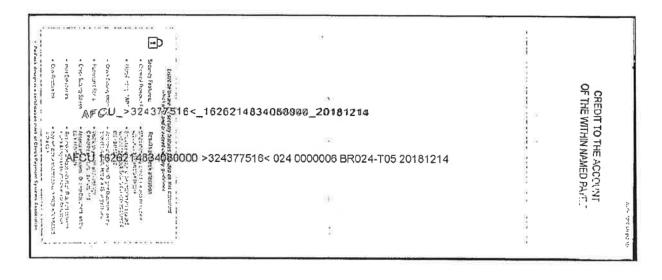
# CHASE for BUSINESS Printed from Chase for Business

Check

Front



Back



Post date

Check #

Check amount

JPMorgan Chase Bank, N.A. Member FDIC

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Equal Opportunity Lender @

3:03 PM 01/28/19 State Street Truck Stop Inc.
Checks for MELISSA ZIDOR
All Transactions

Num	Date	Account	Amount				
5956 33219	10/09/2015 08/05/2015	Chase Bank Chase Bank					
Total			- 1777				
2 72			31				



### Utah Credit Approval Salesperson Pay Program

#### Effective July 21, 2016

#### Spifs:

- Fast Start 1<sup>st</sup> Salesperson to get 10 NEW deals booked/funded, with store minimum gross, in the first nine (9) days of the month gets \$1000 in cash on the 10<sup>th</sup> day of the month.
- 12 O'clock Noon Any car sold and delivered with correct stips, we owe, down payments and POI signed off will get \$100 cash to be paid on the same day.
- 3) Hat Trick \$150, to be determined by the desk.
- 4) Team Building Breakfast When the whole Salesperson Team sales 15 cars/units (English and Spanish sides combined) within a week, the team will go to breakfast with the managers. A week consist of beginning of Saturday business to close of business Friday.

\*\*\*\* These are contingent on the Desk Managers decision.

### IF THE BELOW IS NOT FOLLOWED YOU WILL LOSE ALL BONUSES AND PARTS OFF YOUR REGULAR COMMISSION (\$250):

We Owe: In every deal, cash card (used in deal, back or as down payment/A), written and signed by desk -\$100

POI: YTD makes sense with hours and time on job and signed off upfront before deal is sent into the bank -\$100

Stipulations: POR within 25 days, complete references according to bank and current Driver's License(s) -\$100

Insurance: Unit CANNNOT be delivered without full coverage and verified before car leaves the lot -\$100

Gross: if the deal is BELOW average -\$100

Chasing Stips: Another Salesperson has to chase Stips for your deal, commission will be cut in half or turned \*\*\*

Appointments: EVERY Salesperson is to make one (1) appointment a day. Write in appointment book with complete information for confirmation. -\$100

Desk: A Salesperson will touch the Desk throughout the car buying process. -\$100

Down Payment: If down payments are on hold, COMMISSION IS ON HOLD NO EXCEPTIONS IIII - Desk Manager to approve pay plans if applicable One Pay's: The deal will be bought, structured and signed by the following business day - if not EVERYONE loses deal and goes to HOUSE DEAL

1	****** (	Utah Crasit Approval Salesperson Pay Program
		Effective July 21, 2016
Units Sold Unit 1	Commission	
Unit 2	\$250	Incorrect paperwork \$100
Unit 3	\$250	Incorrect paperwork -\$100 = commission \$150
Unit 4	\$250	POI NOT signed off -\$100 = commission \$150
Unit 5		
Unit 6	\$250	Do not follow up/deal turned divide by 2 = commission \$125
Unit 7	\$250	
	\$250	
Unit 8	\$250	
Unit 9	\$250	
Unit 10	\$250	
Unit 11	\$250	
Unit 12	\$250	
Unit 13	\$250	
Unit 14		
Unit 15	\$300 0	ommission Bump only if all stipulations have been followed will you get the bump, if not commission stays at regualr amount of \$250
Unit 16	\$300	will you get the bump, if not commission stays at regualr amount of \$250
Unit 17		
Unit 18	\$400 G	ommission Bump only if all stipulations have been followed will you get the bump, if not commission stays at reguals amount of \$250
Unit 19	\$400	to the page to power will you get the bump, if not commission stays at reguals amount of \$250
Juit 20		2000 - If everything has been signed off by Desk Manager as 100 %. See stipulation below

State Street Truck Stop Inc. 1099 Detail January through December 2015

Type	Date	Num	Memo	Account	Clr	Split	Original Amo

H CREDIT APPROVAL

1-1100065 heck

heck

5967 11/06/2015 11/13/2015 33610 heck 33632 11/20/2015 heck 33671 neck 12/02/2015 12/14/2015 neck

5985 12/19/2015 6173 06 F150 RED ... charger 09 ca... 658634 390... 14 CAMRY 1...

Subcontractors Subcontractors Subcontractors Subcontractors

Subcontractors

Subcontractors





UTAH GREDIT APPROVAL

SUBJECT TO STANDING PROTECTIVE ORDER CONFIDENTIAL ATTORNEY EYES ONLY

UCAD0003

CONFIDENTIAL ATTORNEY EYES ONLY SUBJECT TO STANDING PROTECTIVE ORDER

**UCAD0004**